

# APPLICATION FOR EMPLOYMENT



**TOWN OF HERTFORD**  
**114 W. GRUBB STREET**  
**PO BOX 32**  
**HERTFORD, NC 27944**  
**PHONE (252) 426-1969 FAX: (252) 426-7060**



We consider applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

**(Please Print)**

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Best time to contact you at home is: ..... :\_\_\_\_\_ AM/PM

If you are under 18 years of age, can you provide proof of your eligibility to work ..... Yes \_\_\_ No

Have you ever filed an application with us before? ..... Yes \_\_\_ No If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .... Yes \_\_\_ No If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .... Yes \_\_\_ No

Are you currently employed? .... Yes \_\_\_ No

May we contact your current employer? .... Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

(Proof of citizenship or immigration status will be required upon employment) .... Yes \_\_\_ No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you able to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? .... Yes \_\_\_ No

Can you travel if the job requires it? .... Yes \_\_\_ No

## EDUCATION

	Name and Address of School	Course of Study	No. Years Completed	Diploma, Degree
High School				
Undergraduate College				
Graduate, Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra curricular activities

Describe any job related training received in the United States military

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


### Specialized Skills

(Check Skills/Equipment Operated)

<input type="checkbox"/> Computer	<input type="checkbox"/> Word Processing	List Production/Mobile Machinery
<input type="checkbox"/> Adding Machine/Calculator	<input type="checkbox"/> Spreadsheet	_____
<input type="checkbox"/> Typing (WPM _____)	<input type="checkbox"/> Shorthand (WPM _____)	_____

State any additional information you feel may be helpful to us in considering your application


Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ YES ☐ NO

### References

1	_____ (Name) _____ (Phone #)
	_____ (Address)
2	_____ (Name) _____ (Phone #)
	_____ (Address)
3	_____ (Name) _____ (Phone #)
	_____ (Address)

### Applicant's Statement

I certify that answers given are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date